

# CONTINUING EDUCATION REGISTRATION FORM

## Personal Information

Title (Mr/Ms/Dr) \_\_\_\_\_ First Name \_\_\_\_\_

Surname \_\_\_\_\_

Previous Surname \_\_\_\_\_

Credential(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Province/Country \_\_\_\_\_

This is my  home  work address \_\_\_\_\_  
Company Name

Daytime Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Evening Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Cellular Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Fax ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_  
Work E-mail Preferred

## Areas of Interest (select all that apply)

### Imaging

- Computed Tomography
- Echocardiography
- Magnetic Resonance Imaging
- Mammography
- Nuclear Medicine
- PACS
- Radiation Therapy
- Radiography
- Ultrasound

### Laboratory Sciences

- Biotechnology
- Clinical Biochemistry
- Clinical Research
- Cytogenetics
- Diagnostic Cytology
- Hematology
- Histology
- Immunology
- Laboratory Assistant
- Laboratory Management
- Microbiology
- Molecular Genetics
- Pathology
- Transfusion Science
- Virology

### Primary & Critical Care

- Adult Critical Care
- Anesthesia
- Asthma Educator
- Cardiology
- Cardiovascular Perfusion
- Chiroprody
- Complementary Health
- COPD Educator
- Diabetes Educator
- Neonatology
- Obstetrics/Gynecology
- Pediatrics
- Pharmacy
- Physiotherapy/Rehabilitation
- Pre-Hospital Care
- Respiratory Therapy
- Sleep Medicine
- Staff Development/Education

Other (please specify) \_\_\_\_\_

## Course Information

COURSE CODE	TITLE	DATE	TUITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TOTAL:** \_\_\_\_\_

## Payment Method

- Visa     MasterCard     Certified Cheque or Money Order\*
- Purchase Order (please attach)     Cash / Debit Card (in person only)

Credit Card # \_\_\_\_\_

Expiry Date \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

\*We do not accept personal or post dated cheques. Please make certified cheques payable to The Michener Institute

This form is not for program applications. See page 36 for OCAS application information and page 45 for Michener program applications.

Space is limited and registrations are accepted on a first-come, first-served basis • Late registrations are not guaranteed notification of course changes or cancellations • We reserve the right to make changes to program availability, schedules and requirements and correct any typographical or printing errors • We treat your personal information with respect and do not rent, sell or trade our mailing lists. We may contact you about your course registration and to keep you informed of other events at The Michener Institute.

**Register today! Call (416) 596-3117 or toll free 1-800-387-9066 • Fax (416) 596-3180**